V. S. No. 1

PLACE OF DEATH

County Prince Jeorges .	CERTIFICATE OF DEATH
	(159) Registration Dist. No. 23/
Village or City Landover (No	St.: Ward) (If doath occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR/O(VORCED (Write the word)	16 DATE OF DEATH 201.2 6 , 1923 2
6 DATE OF BIRTH  M 41. 2 6 , 1732  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decessed from 2 6 19232 to 2 2 19232 that I last saw halive on, 192
grs mos ds. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	The CAUSE OF DEATH * was as follows:
9 BIRTHPLACE (State or country)  10 NAME OF FATHER David Command  11 BIRTHPLACE OF FATHER (State or country)	Contributory Secondary  (Durstion)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Viva Henke  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
(Informant) David Ammam  (Address) Lessal Mot  Filed Mar. 27 192 M. Special Registrar	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Mch 27/19.7  20 UNDERTAKER  ADDRESS  J. Masche Jone Olyallarille me

63029

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more previous creating etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precisc statement of octo report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

County Prince Leorge	Registration Dist. No. Q.445
	ND
2. FULL NAME  Lorgia Beall  (a) Residence: No. Education  (Usual place of abode)	sds. How long in U.S. if of foreign birth?yrsmos  St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Melz //, 193 2 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Locard & Beall	22. I HEREBY CERTIFY, That I attended deceased f
wand 6 / Leale	hol 10, 1932, web (1, 195)
DATE OF BIRTH (month, day, and year)  AGE Years Months Days If LESS than I day,hrs. ormin.	there are follows:
9 Trade profession or particular	Polin Francia 3/9
kind of work done, as SPINNER, SAWYER, BDDKKEFER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  2. BIRTHPLACE (city or town) (State or country)	Dther Coutributary Causes of importance:
13. NAME Richard Chambers 14. BIRTHPLACE (city or town) Stoward, County	Name of operation Date of
(State of country)	What test confirmed diegnosis? Was there an autopsy?_2
15. MAIDEN NAME Re Chambers	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Re Chambers  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT David & Beall (Address) Educustin and	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL Cryffill Place Taurel und Cunding Date Mich 14-19 35	Manner of injury
9. UNDERTAKER F. Gasche Jours (Address) Styntisvelle md	24. Was disease or Injury in any way related to occupation of deceased?
o Histo March 1219 B2 Vono. too. Some	(Signed)

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages... however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person . who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9 .- The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms, as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .-- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V.			
Other contributory causes of importance:	- Chapter II	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
MUDITIONAL	SI AVE	T. CALC	T. C. IV T. I. I. I. I.	DIATERIMANIA	L/A	Y YE Y DA CATA

ADDITIONAL SPACE FOR FURTHER ST	ATEMENTS BY PHISICIAN

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Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. New acc

(Dev)

(Year)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was donc.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhuge ADD C 1999	July 5,1927	Peritonitis	3 days ago
TO THE THE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate. E OF DEATH in plain terms, so that it may be

rehould be carefully supplied.

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PLAINLY,

STATE OF MARYI	AND-CERTIFIC	ATE OF DEATH
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STATE OF WARTLAND	CERTIFICATE OF DEATH 03032
1. PLACE OF DEATH	075
18	Registration Dist. No. 275
Village or City New Bowel  (H  Length of residence in city or town where death occurred 1.2 yrs. mos	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth? 41 yrs. mos. ds.
2. FULL NAME - Jacob Berlin	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  March  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Annie 6. Belin	22. I HEREBY CERTIFY, That I attended deceased from 19 19
6. DATE OF BIRTH (month, day, and year) June 5, 1887 7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw h alive on 19 ; death is said to have occurred on the date stated above, at 12 21 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Weschent	Course of Death Heart
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month, and, spant in this	Failure
year) 3/7/32 occupation /9  12. BIRTHPLACE (city or town) Passia  (State or country)	Other Contributory Causes of importance;
13. NAME Joseph Berlen  14. BIRTHPLACE (city or town) (State or country)	Name of operation  What test confirmed diagnosis Heth oscole show was there an au opsy? No.
15. MAIDEN NAME UNKNOWN	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Month of the Conference of the Con	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place Baltimone March 9 1977	Manner of injury
19. UNDERTAKER JOSE PORTINGEN, BRETT	24. Was disease or injury In any way related to occupation of deceased? No
20. FILED Man. 7, 1982 PERawart M. Registrar.	(Signed) Largo Kun dling J. Bity Of D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	anteriles.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MURRET V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

03033

82-0		9160
	Registration Dist. No	F72
		St. Ward
No. death occurred in a hospital or institut	ion, give its NAME instead of st	reet and number)
ds. How long in U.S. if of	foreign birth?yrs	ds.
St., Ward.	If nonresident give city or t	town and State
MEDICAL CE	ERTIFICATE OF DE	
21. DATE OF DEATH	7	
21. DATE OF BEATH	3 / 3	102 2
	(Month) (Day)	(Yaar)
22. LHEREBY	CERTIFY, That f	attended deserved from
1/3/		attended dactased from
	3/2	32
I last saw K eliva on	In contract	, 19 3 2 19 3 2, deeth is said
to have occurred on the date steta		
The PRINCIPAL CAUSE OF DEAT ware as follows:	H end ralated causes of importa	Date of onset
Remonhage.	- Cerchel	3/3/32
Here in he ile.		
6 . 1		
Other Contributary Causes of Impo		
They leadened	9n1	1/21/92
- y personal		1/31/32
Name of operation	0. 411	Date of
What tast confirmed diagnosis?	una 1 our mowas	there an autopsy?
23. If daath was due to axtarnal cau	ses (VIOLENCE) fill in also the	following:
Accident, suicide, or homicide?	Date of injur	y, 19
Whare did injury occur?	/6 //	
Specify whether Injury occurred in	(Specify city or town, county INDUSTRY, in HOME, or in PU	y and State) JBLIC PLACE.
Mannar of Injury		
Nature of Injury		
24. Was diseasa or Injury In any w		
so, specify	12 0.1	
(Signad) Addrass)	to topms	72
(Addrass)	6/11 1dhy	M.h.C.
24 T. N. Charles Street Baltimore Re		

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Bullion U.S.			
, and		•	
Other contributory causes of importance:		Other contributory causes of importance:	,
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

912-0

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 236

St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME it- stead of street and
	number.)
~~~	•

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Lingle	16 DATE OF DEATH  March 28, 19932  (Mouth) March (Day) 28 (Year) (2.
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h walve on march 28, 19232,
7 AGE [If LESS than	and that death occurred on the date stated above, at 11 45 Pm,
l day_hrs.	The CAUSE OF DEATH * was as follows:
17 yrs. 7 mos. ds. or min.?	acute Cardia Milatatin
B OCCUPATION (a) Trade, profession or A+ I+ one particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs,de.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  William Borne	Contributory Mital Manager Man
11 BIRTHPLACE	mand 28 19232 (Address) Bruie in.
OF FATHER (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cuthune Henry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Many Rand	At place in the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) X William Browne (his word)	Former or usual residence
(Address) Colleyto, mr	Whitemark Mar 1, 1932
15 Filed Mar. 29 19232 Way, N. Penel	20 UNDERTAKER ADDRESS 1

If more branks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more present and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully hou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on em-

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> actident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart lanure, "Shock, "Shock, "Inanition," "Marasmus," "Old Age," "Shock, "hear a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; by Committee on Nomenclature Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BULL

BINDIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
RELEIVE	. 1915	Attack of cpilepsy	1 week ago
ritis	1921	Run over by street car	1 week ago
APR O ESE	July 5,1927	Peritonitis	3 days ago
BUXMAU V.S.		A	
uses of importance:	3	Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	f death and related causes follows: RECHIVE  ritis	f death and related causes follows:  PECHIVE 1915  ritis 1921  July 5, 1927  uses of importance:	f death and related causes of importance were as follows:  1915  1915  Attack of cpilepsy  ritis  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

CERTIFICATE OF DEATH Registration Dist. No. 223. Village or City Jak (If death occurred in a hospital or institution, give its NAME Innumber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE B CHICLE. 16 DATE OF DEATH 3 SEX HEREBY CERTIFY, What I attended the deceased 6 DATE OF BIRTH (Month) and that death occurred on the date stated above, at den If LESS than 7 AGE I day hrs. 8 OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry ם business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) .... 193 2 (Address) 1.1.3 .. Cana 0 \*State the Discase Causing Death, or, in deaths from OF FATHER Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUPA ients or Recent Residents) 13 BIRTHPLACE In the At place State.....yrs... of death yrs ..... mos ......ds. OF MOTHER Where was disease contracted, if not at place of death?...... 14 THE ABOVE IS TRUE TO THE BE usual residence. Every If more blanks are needed, address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. I.

PLACE OF DEATH

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," et... Spinner, should be used only when needed. As examples : 'a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient of Range or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. cases, especially in industrial employments, it is neceswhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed work. or Never return 'Laborer,""Foreman,""Manager,""Dealreport specifically the occupations of persons enner, (b) Cotton mill; (a) Salesmon. (b) Greecry; Foremen, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

> Whooning cough; Chronic vabular heart stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilanaeum, etc., Carcinoma, Sarcoma, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need hot Chronic interstitial nephrilis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. 'The nature of the injury, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved (Recommendations on statement of cause of death ..... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on etc. The contributory Nomenclature Measles ; disease; ete., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

CEIVED

V. S. No. 1

1 <sub>PLA</sub>	CE OF DEATH
County	Pruie Georges



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	2	3	0	
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Village or City MAL STURY (No.  2FULL NAME Unlease . W. C	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED MARRIED WIS WIS OR DIVIDED CED (Write the word)	16 DATE OF DEATH Warel 16, 1932.  (Month), (Day) (Year)
6 DATE OF BIRTH  (Moyth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 13 1932; to Ware 16 71932; that I last saw have alive on March 1952.
7 AGE  1 If LESS than I day hrs. 10 mos. 10 ds. or min.?	and that death occurred on the date stated above, at 4.4.2. m. The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)	(Durstion)
15 Filed Mc/t /7-193 2 John & Smith	20 UNDERTAKER ADDRESS

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Civil engineer, Stationary freman, etc. But in many Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved igianus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the

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(Approved by U. S. Census and American Fublic Health Association.)

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permanently filed.

5

		1	12 6
0 108 41	Registration	Dist. No.	17.2
If death occurred in a hospital or	institution, give its NAMI	E instead of street an	Ward
			_mos,ds.
erter.			
Ward.			
Traid.	If nonresident	give city or town a	and State
MEDICA	L CERTIFICATE	OF DEATH	
21. DATE OF DEA	3-2	-	
-	(Month)	(Day)	, 193 (Year)
22. 1 HERE	BYCERTIF	Y That I attend	ed deceased from
Muyeli 1	V 1932 102	cearcle	20 19 3 2
I last saw have alive of	on seconde	70 193	death is said
to have occurred on the date	e stated above, at _ 8:3	Sp.m.	
The PRINCIPAL CAUSE OF	DEATH and related caus	es of Importance	
were as follows:	repline	tin	Date of onset
Please	Theselis	This some	3.72.5
a la si	a) at use	1 1 7	
a factor	740		
actob	OP en ala	1. 2	
cauce r		501(25	
Other Contributory Causes of			
- Cocco	<del></del>		
Name of operation	Marial	Date of	
What test confirmed diagnos			n autopsy?
23. If death was due to exter			•
Accident, suicide, or homici	de/	Date of injury	, 19
Where did injury occur?	(Specify city or	town, county and S	itate)
Specify whether injury occu	rred in INDUSTRY, in HO	ME, or in PUBLIC	PLACE.
2			
Manner of injury			
Nature of injury			
24. Was disease or injury In	any way related to occup	ation of deceased?.	
If so, specify	00 . 11	8,0	· · · · · · · · · · · · · · · · · · ·
(Signed)	Can /	Spile	ey M.D.
(Address) / K	18 K. J. Cerry	Specula	ms, Zecul

V. S. No. 1

(Address) 20. FILED I VICA

mene

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ADD 6 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	
VIII VIII VIII VIII VIII VIII VIII VII	Muy1,1323	austroettet tits	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13(141)
1. PLACE OF DEATH	(131)
County France Gronges	Registration Dist. No. X 4 2
Village or City Rat Plustant	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Louise locates	
(a) Residence: No. Sunt Pleasant	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)  The metric, widowed, or divorced	21. DATE OF DEATH  Month)  (Day)  (Year)
HUSBAND of James Crates	22. I HEREBY CERTIFY, That I attended deceased from
0 1 5	hech 10, 1932, to March 17, 1932
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than	I last saw h Maive on 12 17, 19 3 2; death is said
48 _ 1 day,hrs.	to have occurred on the date steted above, ett_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	chronic valuelas heart
SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end)	disease
O Date deceased last worked at this occupation (month end year) 11. Total time (years) 2871 year) 27 year)	
12. BIRTHPLACE (city or town) Lefefuer Marthro (State or country)	Other Contributory Causes of importance:  antirio peliconi and
	, we plew lis
4 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of
	What test confirmed diagnosis?
Ξ /	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT barrie govers (Address) Self Please and had	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Washington Date MApril 1, 19 32	Manner of injury
19. UNDERTAKE Herry & Washington (Address) 467 nother has	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO pril 1", 1932 Grace alow Registrar.	(Signed) 3 12 Brady M. D.  (Address) Real Pleasant had.
If more blanks are needed, address State Registrar	DALLY N. Charles Street Relaimone Perusana TI C N.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B.ż of OCCUPA-

1. PLACE OF DEATH	
County Prince Geo.	Registration Dist. No. 2 H 5
Village or City Hyallsville	No sacred Heart Home St., Ward
(If Length of residence in city or town where death occurred / vrs / mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  24. ds. How long in U.S. If of foreign birth?mosds.
74. 7. 1 0	
	will My Ward. 711-F. sl. n E. Wash. relo.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH  March 3/ (Month) (Dey) (Yeer)
5a. If married, widewed, or divorced HUSBAND of	
(OT) WIFE OF James Clerampton	22. JHEREBY CERTIFY, That Lattended deceased from Heb. 17 193/ to March 3/ 1932
6. DATE OF BIRTH (month, day, end year) Selat 9. 1848	I last saw h e alive on March, 30, 19 32; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at//_w_m.
83 6 22 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	Jeneralized arlend rehlesona 1928
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end	()
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupetion (month end year)	
12. BIRTHPLACE (city or town) Washing Low	Other Contributory Causes of importanco:
(State or country)	Cardin vascular renal degrand
13. NAME James Talbert	Control of the contro
13. NAME James Salbert  14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME many Mudd.	23. If death was due to external causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19
2 Torres 11 P	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Min H. Kowe (Address) 646 - Rexengeni Pla. n.E.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Washing Con Alle Date Mass, 31, 1932	Nature of injury
19. UNDERTAKER J. Min LEE'S Sons.	24. Wes disease or injury in any way felated to occupation of deceased? Wo
(Address) Mashington alle, o	If so, specify
20. FILED March 31, 1932 Mrs. Jao Devere	(Signed) Music Mallingly M. D.
( Registrar.	(Address) 2200 II J. Ma ( Wash )

If more blanks are needed, address Store Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis = CEIVED!	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage ADR 1009	July 5,1927	Peritonitis	3 days ago
BURGAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING RESERVED pla \_\_ MARGIN 0 CAU TIO tate CUP

> Every it CIANS stateme

7 AGE

PLACE	OF D	EATH	
County PL	Ma	191	ages

Village or City Belleville (No.

207-m

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 30

St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

²F(	ILL NAME LUS	ter Daure	und	stead of number.)
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
sex Uuli	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWES, OR DIVOROS (Write the word)	(Month)	(Day)
DATE OF BI			17 I HEREBY CERTIFY, That I	attended the d

(Year)

I day hrs.

ds. or min.?

(Day)

(a) Trade, profession or particular kind of work

(b) General nature of industry
business, or establishment in U.S. 1144.

which employed or (employer)

Month)

9 BIRTHPLACE (State or country) Greenbrie Co W 14

OF FATHER
(State or country) Virging

12 MAIDEN NAME
OF MOTHER

13 BIRTHPLACE

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

OF MOTHER

(State or country

(Informant) P om Dane und
(Address) aller Va

1 3 1932 Thus Smith

(Month) (Day) (Year)

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from March 2 1952 to 192 and that death occurred on the date stated above, at march 2 192 and that death occurred on the date stated above, at march 2 192 and that death occurred on the date stated above, at march 2 192 and that death occurred on the date stated above, at march 2 192 and 
Accidental, Suicidal or Homicidal.

IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs mos. ds.

Violent Causes, state (1) Means of Injury and (2) Whether

Death,

WA FULL VIII

PLACE OF BURIAL OR REMOVAL

\*State the Disease Causing

ADDRESS N

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Ilousewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a household only (not paid Housekeepers as Housewife, Houseer," etc., William Laborer, Laborer-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken work, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. not gainfully em-6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) approved by tetanus) may be stated under the bead of "contributory." (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaenia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Nomenclature ChronicExample: Measles (disease hopneumonia (secondary), etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JR

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V. S. No. 1

Prence GEOSTATE OF MARYLAND-	CERTIFICATE OF DEATH 03043
County Der Tout Deeple Te	Registration Dist. No. 242
Village or City	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Claster W. Davis	
	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
The C OR DIVORCED (wrighthe word)	Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of (es) WIFE of Placebe Daves	22. HEREBY CERTIFY. Thet I attended decessed from  1932 to 200 48 1932
6. DATE OF BIRTH (month, day, and year)	I last sew ham alive on 2 2 17, 19.32; death is said
7. AGE Years Months Days tf LESS than 1 day,	to have occurred on the date stated above, at 1.2.2 m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of tmportance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, LOSCO SAWYER, BOOKKEEPER, ebc.	home the bearing me a 2 1 is
9. Industry or business in which	mrio
SAW MILL, BANK, etc.	
O 10. Date decessed last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	me
13. NAME  14. BIRTIIPLACE (city or town)	
14. BIRTIIPLACE (city or town) (State or country)	Neme of operation
	What test confirmed diagnosis?
	23. If deeth was due to externel causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMAN LILLS Carrie E. Dorr (Address) 933-5 Steel Wood	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place alla leur ou Date Mar. 18, 1927	Nature of injury
19. UNDERTAKER POSTAGE TELES	24. Was disease or injury in any way related to occupation of deceased?
20. FILE March 18, 1999 Grace Down Registrar.	(Signed) 3 M Brady M.D.  (Address) Shat Phagast may
If more blanks are needed address State Registrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC.
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

ADDITIONAL SPA	CE FOR FU	RTHER STATE	MENTS BY	PHYSICIAN
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(If death occurred in a hospital or institu-tion, give its NAME i. stead of street and

DATE OF BURIAL

number.)

PLAGE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 92-0 EXACTLY,
iy chassified Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 3/SEX 4 COLOR OR RACE WIDOWED. OR DIVORCED (Write the word) may n ba BINDI 6 DATE OF BIRTH (7) onth) (Day) (Year) 7 AGE If LESS than I day hrs. CAUSE OF DEATH ds. or min.? term suppli B OCCUPATION See (a) Trade, profession or ESER particular kind of work plai (b) General nature of industry business, or establishment in ī œ which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed). 0 11 BIRTHPLACE OF FATHER CAU Z (State or country) AREI 12 MAIDEN NAME OF MOTHER state ccup/ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death yrs......ds. 00 (State or country Where was disease contracted, hou if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG Every item CIANS sho statement Former or usual residence (Informant 19 PLACE OF BURIAL OR REMOVAL If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MEDICAL CERTIFICATE OF DEATH (Month) (Day) HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, was as follows: (Duration Duration) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Gracery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (to Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Coals to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborawithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. Laborer-Coal mine, etc. Wom-Architect, Locomotive But in The quesougineer,

Statement of Cause of Death—Name, first, the Dissease Cause of Cause of Death—Name, first, the Dissease Cause Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: ("arborospinal fewer (the only definite synonym is "Epidemic cerebros; inal meningity"); Diphtheria avoid use of "Croup"); Typhoid fewer never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchapmennomia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy" "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." carbolichacid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as atic), "Atrophy." "Collapse." "Coma," "Convulsions, tions, such as "Asthenia, causing (secondar, Chronic interstitial nephritis, Whooping cough use of "Tunior" unqualified, approved by Committee on Nomenclature uccident; Revolver wound of head-homicide: Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. American Medical Association. Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY ascertained death), 29 ds.; Branchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid is indefinite; Tuberculosis of lungs, menor intercurrent) for malignant neoplasms); Measles; as the cause. Chronic ," "Anaemia" (merely symptomvalrular heart etc. affection need The contributory Always qualify all etc. , "Dropsy, Poisoned by not be disease;

It this certificate is looked over thoroughly and all questions answeredlin detail, it will prevent further correspondence. All the data is be sential and must be obtained before the certificate is permanently filed.

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infor-

03046

1. PLACE OF DEATH		2.3		
County Princi	Georgeo-		Registration Dist. No. 235	
Village or City Seat 9			n, give its NAME instead of street and number)	Ward
Length of residence in city or town whe	re death occurredyrsmos	sds. How long In U.S. if of f	oreign birth?mosmos	ds.
2. FULL NAME bhan	les J. Duvall			
(a) Residence: No. Seat	(Usual place of abode)	A. St., Ward.	If nonresident give city or town and State	
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CE	RTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Mul 25, 193 2 (Month) (Oay) (Yea	ar)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Cather	ine m. shovall		CERTIFY, That I attended deceased	from 3 2
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 5 3	1878 Sopl. 1  Oays If LESS than 1 day, hrs. or min.	to have occurred on the data stated	1932; death Is	is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	familier Innse familier 11. Totaline (years)	pulmonary	tubrulosis ku	-t
this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	927 spent in this 237	Other Contributory Causes of Import	ince:	
00	co ilmall	none		
13. NAME Stong throat  14. BIRTHPLACE (tity or town)  (Stata or country)	strict & Columbia	Nama of operation	Oate of	, pers
15. MAIDEN NAME Ida C	Schaper	23. If death was due to external cause	s (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) - Grate or country)	many	Accident, sulcide, or homicide? Where did injury occur?	Date of Injury, 19	
17. INFORMANT John / (Address) / 6842	fla an ME. De	Specify whether Injury occurred in I	(Specify city or town, county and State) NOUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, ON MATION, OR REMOVAL Place Las Jungtone	Oat Munch 28, 1932	Manner of injury Nature of injury		
19. UNDERTAKER and the	Jadgell 10	24. Was disease or injury in any way	related to occupation of deceased?	?
20. FILEO 3/26 1932 T.	hos 5 Juffit	(Signed)	I Prady	.M. D.

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Example I			Example II	
The principal cause of importance were Arteriosclerosis	as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial n	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 4 1932	July 5,1927	Peritonitis	3 days ago
	BURBAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

H 63	847
st. No. 2 4	2
St.,St.,	Ward (
yrsmo	sds.
4	
e city or town and	Z
OF DEATH	State .
(Day)	199_1
That I attended o	19
19	: death is said
, 19 ) m.	
of importance	
10 mm	Date of onset
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8	
ws R	
Date of	
Was there an au	itopsy?
also the following:	
e of injury	, 19
vn, county and State, or in PUBLIC PLA	)
, OI III FUDEIO FEA	CE.
n of deceased?	
acting Go	PROCEM. D.
I.T. That	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	Moy 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03048
1. PLACE OF DEATH	940
County Prince George	Registration Dist. No. 2-3 2
Village or City Upper Wallow 14/	NoSt Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME James Khinglato	Edelen
(a) Residence: No. Upper Warlboro K#/ (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  March 9  (Month) (Pay) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceased from
gary les a rechards	march 9, 1932, 19 March 9, 1932
6. DATE OF BIRTH (month, day, and year) Chrul 9. 1854	I last saw harm alive on March 9 , 1932; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 4. 3.4. m.
77 // 0 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, protession, or particular	arteriosclerosis Pate of onset
kind of work done, es SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	angina Vectorie 3/9/32
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked et this escupation (mostle et al., 1). Total time (years)	3
O 10. Date deceesed last worked et this occupation (month and 3/7/32 spant in this year)	
12. BIRTHPLACE (city or town) Prince George Co. (Stete or country)	Other Contributory Causes of Importence:
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
14. BIRTHPLACE (city or town) Waryland	
4 14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an europsy?
15. MAIDEN NAME Mary Langley  16. BIRTHPLACE (city or town)	23. If death was due to external causos (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Maryland.	Where did injury occur?
17. INFORMANT Rechard Edelen (Address) Tipper marlbors N#1 md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVACY	Menner of injury
Place Dade Mul pate Marle 11, 1932	Neture of injury
19. UNDERTAKER Studgew & Frings	24. Wes disease or injury in eny way related to occupation of deceased?
(Address) Hyupses Mrs	If so, specify
20. FILED March 1 49 Br / Gunt brutt	(Signed) Saul & Van Anton M. D.
Registrar.	(Address) Upper Marlboro R#1, md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial dephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 15 URMAU 1	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	M 1000	Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroentertus	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS snound season AGE should be stated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. TION is very important. N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<b>8</b>
County Since Georges	Registration Dist. No.
Village or City Hejattsville	No. St. Mary. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?yrsds.
2. FULL NAME ( Not reamed)	Frant Bashine
(a) Residence: No. St. Marys St. Hyattmee	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terral Color or RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH    12 - , 193 2 - , 193 2   (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attanded daceased from
(or) WIFE of	3-12- 1952 to 3-17 1932
6. DATE OF BIRTH (month, day, and year) 3-12-32	I last saw her alive on death is said
7. AGE Years Months Days If LESS than	to hava occurrad on the data statad above, at _3;30p_m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance ware as follows:
Kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	Sulton
SAWYER, BODKKEEPER, etc.	asplanti
MILL, BANK, atc	
10) Data decaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) St. manys Street	Dther Contributory Canses of importanca:
(State or country) phyattaville, mi.	Caul over head
13. NAME Bennie Carter	*
14. BIRTHPLACE (city or town). Hashington	Name of operation Date of
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth Baskins	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)  (Stata or country)	Accidant, suicida, or homicide?
17. INFORMANT Mother-Elizabeth Gashins (Addrass)	(Specify city or town, county end State) Specify whethar injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mannar of injury
PlacaData	Nature of Injury
19. UNDERTAKER (Address)	24. Was diseasa or injury In any way related to occupation of dacaased?
20. FILED Mary J. 14", 1932 Mrs. Jan Sever	2 (Signed) In Spille Brentwood M. G. (Addrass) 108 R. D. and Brentwood new.
The Contract of the Contract o	(noutros) - (

1-1-6-213

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II	
The principal cause o of importance were as Arteriosclerosis	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	AFRI OLISSE	July 5, 1927	Peritonitis	3 days ago
	BURGAU V. S			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

to take the

-		7.2
•	LAINLY WITH UNFADING INK-THIS IS A PERM. NE RECORD	information should be carefully supplied. ACE should be stated EXACTLY state CAUSE OF DEATH in plain terms so that it may be properly classified
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PLACE OF DEATH County Prince George	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 242
Village or City James (No. 2FULL NAME Maria Giaf	St.: Ward) a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  18, 1925 to 8, 1925  that I last saw h legalive on 18 1987.
7 AGE	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yts. mos. ds.
9 BIRTHPLACE (State or country) Lestreit of Columbia	Contributory Secondary  (Duration)  yrs
of Father Fortonado Graffie  II BIRTHPLACE OF FATHER (State or country)  Stale	*State the Discase Causing Death, or, in deaths from Volent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Meria Brigantti  13 BIRTHPLACE OF MOTHER (State or Country).	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Fortonesto Giaspe	Where was disesse contracted, if not at place of dea.h?  Former or usual residence
(Address) Lang high	19 PLACE OF BURIAL OR REMOVAL  ALL COLIVET LIBERT 1932  ADDRESS  ADDRESS
File mar 20 1982 folim & Meds (Registra)	20 UNDERTAKER RICHIE Bros Ritchie and 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given-up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekeepers who receive a (a) Foreman, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman. -Coal mine, etc. Wom-6 Grocery,

Strtement of Cause of Death—Name, first, the DISEANS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERFERAL perilonitis, can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traininges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03051
1. PLACE OF DEATH	(H)
County Ofor Till	Registration Dist. No. 238
Village or City Fort Foote	NoSt,Ward
Length of residence in city optown where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. it of foreign birth?
2. FULL NAME Leonge Leonard &	Libbous
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Month)  (Year)
5a. If merried, widowed, or divorced HUSBAND of Gor) WIFE of Sarah Elizabeth	22. I HEREBY CERTIFY, That I attended deceased from  Wer 20 1931. to March 5 1932
6. DATE OF BIRTH (month, day, and year) 11-27-1867.	I lest saw h and alive on man 3 19.32; death is said
7. AGE Yeers Months Days II LESS than	to have occurred on the date stated above, at 9130A.m.
64 3 - 1 - 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or postiguiter	Carcinonia of florisch Oate of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Januer	<u></u>
Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	V
10. Date deceased last worked at	
this occupation (month and /2-143), spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Md.	Johnson
13. NAME John Herbert Libbous	1
13. NAME John Terbert Libbous  14. BIRTHPLACE (city or town)	Name of operation Saporolony Dete of 1-10-32
(State of country)	What test confirmed diagnosis? Brophy Wes there an autopsy? The
15. MAIOEN NAME Margaret 9. Hatcher  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?Oate of Injury, 19
(State of Country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT COURT Took, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St Janatus Octo 3-7 , 1932	Nature of injury
19. UNDERTAKE Thomas F. Murrayo Son	24. Was disease er Injury In eny way related to occupation of deceased?
(Address) 2007 - Wiethols and S. C.	if so, specify
20. FILED Mar 5 1932 Muy St Juneway	(Signed) W B. Mouslay M. D.
Registrar.	(Address) 2202 mellow Dry

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BULTAU V.S.	7			
Other contributory causes of importance:	e mad	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH 03052

	Registration Dist. No. 245
Ē	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
,	
	25. 2. Ward.
-	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	(Month) (Day) (Yeer)
	1 HEREBY CERTIFY, That I attended deceesed from
-	1972 10 00 100 2 7 , 1952
-	I lest saw hour elive on 1900, deeth is seid
ļ	to have occurred on the date steted ebove, et
	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
-	manutor my11-32
-	
-	
	Other Contributory Causes of importance:
-	- Or Olar o agrava
_	
-	Name of operation Dete of What test confirmed dispracial 2000000000000000000000000000000000000
	whet test confirmed diagnosis? was there en autopsy?
-	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
-	Where did injury occur? (Specify city or town, county and State)
-	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manage of Internal
2	Manner of injury
-	Nature of injury
-	24. Wes disease or injury in any wey related to occupation of deceased?
-	If so, specify
L	(Signed) Address And Address A
8	(Address) Ayawabara Ma

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLA			
Other contributory causes of importance:	THE	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			19

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OLL

OCCI pluods

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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BURDAU VIS				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year · 2	
			1 2.	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Source of Gornel fell dead in street while is spelling wal how pronounced dead or arrival of Prince of Gorges Reserve Aqued and Con Pavine Refer & Colleinus & Const.

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH U3U34
1. PLACE OF DEATH	23
County Truck Games	Registration Dist. No. 7 3 8
Village or City allend	ND. St Ward
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Elizabeth Bessie, a	Ay
(a) Residence: No. Alle (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from  10,1931, to 10,1932
6. DATE OF BIRTH (month, day, end year) may rp. 19/6	last saw h. end alive on 10, 1952; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
15 9 21 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER.	Uate of onset
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	Tulmonsy Suberculores
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spant in this	
1 1	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	-
# 13. NAME Care Believe Taras	
14. BIRTHPLACE (Liv or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? X - A Was there an au'opsy?
15. MAIDEN NAME Dreve Hace	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT mas. Irana (Suma (Address) Que a cotta	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION: OR BEMOVAL	Manner of injury
Place Bello Cem, Pib. Co. Mar. 3-12 1932	Nature of injury
19. UNDERTAKE Thomas F. Muncy Son. (Address) 2007 Michel Der 8.6	24. Was disease or injury In any wey related to occupation of deceased? 720
Manual Manual Control & Co	If so, specify
20. FILED Mal. 2 19 22 Suggethelm and Registrar.	(Signed) M. D.  (Address) Frestrille M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	URTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or instituproperly classificate tion, give its NAME II stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SFX 4 COLOR OR RACE MARRIED. may be WIDOWED. OR DIVORCED (Write the word) ould (Month) (Day) 6 DATE OF BIRTH 1 HEREBY CERTIFY, That 1 attended the deceased from uo that Instructions that I last saw h \_\_\_\_alive on \_\_\_\_\_, 192....., (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at ..... 0 I day hrs. The CAUSE OF DEATH \*. terms assons mos. or min.? 8 OCCUPATION 99 (a) Trade, profession or S particular kind of work piai (b) General nature of industry business, or establishment in ......(Duration) .....yrs, ......mos..... 2 importa which employed or (employer) r Contributory 9 BIRTHPLACE Secondary (State or country) DO EM 00 10 NAME OF FATHER .....192\_\_\_ (Address) ... 11 BIRTHPLACE OF FATHER \*State the Discase Causing Death, or, in SE Z Violent Causes, state (1) Means of Injury and (2) Whether (State or country) CAU ш Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 00 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 20 ients or Recent Residents) CC 13 BIRTHPLACE At plane In the OF MOTHER WO State..... of death ......yrs......mos......ds. (State or Country) 00 Where was disesse contracted, U.S. if not st place of dea.h?.... 14 THE ABOVE IS TRUE TO THE BEST OF CIANS shou Former or usual res.dence (Informant) DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL (Address) C X If more blanks are needed, addre a tage Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. to report Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-At Home, and children, not gainfully emspecifically the occupations of persons en-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease "(E:haustion," "Heart Laure," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage," st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping American Medical Association.) approyed by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MARGIN RESERVED FOR BINDING

V. S. No.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03056	)
1. PLACE OF DEATH	(82-a)	
County Linn Diviges	Registration Dist. No. 243	
Village or City Man Borry		_Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME Storgy SV SValue		
(a) Residence: No. 11 To Question (Usual place of above)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Management .
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Manh 28 193 (Ye (Month) (Day) (Ye	ear)
5a. If metried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased March 19, 19.32 to March 28, 19	d from
6. DATE OF BIRTH (month, day, end yeer) Mauh 5 - 1855	I last saw h (2) alive on Musch, 25 , 1939; death	is seid
7. AGE Years Months Days If LESS than 1 dey,	were as follows:	
8. Trede, profession, or perticular kind of work done, es SPINNER SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at not few this occupation (month-and spent in this spent in this	Orlino - Bilinoso lini	olonsat
12. BIRTHPLACE (city or town)  12. Stete or country)  13. Totel time (years) of spent in this occupation (months and year) occupation (worked at year) occupation (stete or country)	Other Contributory Candes of importence:  Constant Hamponhay 3749	9-8:
13. NAME Hamon Halen		
14. BIRTHPLACE (city or town)	Name of operation Dete of What test confirmed diegnosis? Was there en eutopsy?	7
15. MAIDEN NAME Chrisa Bank Chouse	23. If deeth was due to externel ceuses (VIOLENCE) fill In also the following:	
15. MAIDEN NAME Chruse Bankelouse 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?	)
17. INFORMANT Stepry Staken	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PIece Casses May Dete March 81, 198	Manner of injury	
19. UNDERTAKER Skryd & James Mary	24. Was disease or injury in any way related to occupation of deceased? 15 on specify	
	(Signed) See Corres	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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THE RELEASE V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

€. S. No. 1

PLACE	OF	DE	ATH			A
County & R	1 N	CE	G	EO	RG	E



## STATE OF MARYLAND CERTIFICATE OF DEATH

03057

Village or City Takoma Park (No.215 Wes	Registration Dist. No
2FULL NAME HARRY HALL	a hespital or institu- tion, give its NAME ir- stend of street and number.)
2FULL NAME THAK I II ALL	Aumor.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Malo White (Write the word)	16 DATE OF DEATH MARCH 14 , 1932 (Month)— (Day) (Year)
6 DATE OF BIRTH  May 26 , 1879  (Month) (Day) (Year)	that I last saw h / M. alive on March 14, 192.
7 AGE  State  State  Grammin.?	The CAUSE OF DEATH * was as follows:
a) Trade, profession or Brick Layer  particular kind of work  (b) General nature of industry  business, or establishment in  which employed or (employer)  9 BIRTHPLACE  (State or country)	(Duration) June 100 ds.  Contributory Secondary (Duration) 4 yrs. 3 mos. ds.
(State or country) Lincoln Shure, Englane  10 NAME OF FATHER Ames Hall  11 BIRTHPLACE OF FATHER (State or country) England	(Signed)
12 MAIDEN NAME OF MOTHER  Dout Know  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
(Address) 205 - Westmoreland	Former or usual residence
(Address) July July 19	20 UNDERTAKER ADDRESS

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registra

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," et ... Spinner, (b) Cotton mill; (a) Salesman. (h) (a) Foreman, (b) Automobile fectory. The should be used only when needed. As examples: 'a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary framon, etc. the first line will be sufficient, e.g., Farmer of Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer report specifically the occupations of persons en-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation But in many (b) Grocery, material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory" "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage "Uraemia," "Weakness," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anuemia" (merely symptom-Causing stited unless important. Example: Measles (disease (secondary Whooping cough; Chronic Chronic interstitial nephritis, use ef "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, ombolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association .... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), or intercurrent) Carcinoma, Sarcoma,, etc., of "etc., when a definite disease valentar heart disease; etc. The contributory affection need Nomenclature of the not be

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2661 81 HV

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Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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## STATE OF MARYLAND CERTIFICATE OF

Registration Dist. No.

Ward)

(If death occurred in a hospital or institution, give its NAME innumber.)

DATE OF BURIAL

ADDRESS

√il	Mage or City/ Mitchellville (No.
•	2 FULL NAME Bazel Have
	PERSONAL AND STATISTICAL PARTICULARS
7	A COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)
5 6	DATE OF BIRTH
	May /4 , 1 8 60 (Year)
-	7/ yrs. / 0 mos. /4 ds. or min.?
() P () b	occupation a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)
6	SIRTHPLACE (State or country) Marifland
	10 NAME OF Basil Harrison
ח	OF FATHER (State or country)  Maryland
LAN	OF MOTHER Lette debrow
1	13 BIRTHPLACE OF MOTHER (State or Country)  Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Day) That I attended the deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: (Duration) Contributory Secondary (Signed) Causing Death, or, in deaths from Means of Injury and (2) Whether \*State the Disease Violent Causes, state (1) Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State. of death Where was disease contracted,

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

if not at place of death?

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

Former or usual residence

1 100

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Serund, Cook ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Jaborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer freto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on O. especially in industrial employments, it is necesyrs). Farm laborer, Laborer-At Home, and children, without more precise specification as Day of Occupation-Precise statement of oc-For persons who have no occupation (b) If the occupation has been changed Automobile factory. The material -Coal minc, etc. Womnot gainfully em-(b) The ques-Grocery,

Statement of Cause of Death—Name, first the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (\*erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> 22 as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: A ceidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association. peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic etc. valvular Nomenclature Always qualify all The contributory heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 Ä

mfor-

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-2
County Prince Leonge	Registration Dist. No. 245
Village or City Bresitwood	No. St., Ward
(lf	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
	gs. now long in 0.5. If of loreign pirth?ytsmosa
2. FULL NAME Amanda Stouser	
(a) Residence: No. /Seesting (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Therefore the word)	21. DATE OF DEATH  Meh  18  193 2  (Nonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(**************************************
(or) WIFE of Gidson Souser-	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h LA alive on Whele 18 1932; death is sai
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atH_Am.
864 9 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related courses of importance
9 Trada profession or particular	Broucho-Pulumonia 3/5
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	,
9. Industry or business in which work was done, es SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Dete deceased last worked et this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Bittable: (State or country)	Other Contributory Canasa of importanco:
E 13. NAME John Schweb	
14. BIRTHPLACE (city or town)	Name of operation Oate of Oate
(State or country) Jermany	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Grahl	23. If death wes due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Miss Mellin Stourer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place If and i DC Oate Mich 3/19-22	Manner of Injury
19. UNDERTAKER To Typeles Igno of Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Mag 2 9 19 22 mo Jos Deres	(Signed) Will H Norton M.  (Address) MT Passala Ulik

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	- Artificial	Example II		
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of cpilepsy	Date of onset  1 week ago	
Chronie interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	H ACR O 1982	July 5,1927	Peritonitis	3 days ago	
	BURLAU V. S.	4			
Other contributory	auses of importance:	-	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

if more blanks are needed, address State Registrar, 16 W. Saratoga St., Batto., Requesting

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons da-gaged in domestic service for wage as Service t. Gods. ployed, as At \*chool or At home. Chre should be taken worked on may form part of the cound statement. Never return "Laborer," "Foreman." "Manager." "Dealsary to know (a) the kind of work and also (b) the business, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISHASE CALLIA DIAME Housemaid, etc. definite salary), may be entered as House wife House household only (not paid Housekeepers who receive a en at home, who are engaged in the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Selesmen, (b) Crocery; should be used only when needed. additional line is provided for the latter tatement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But Physician, Compositor, Architect, Locomptive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every pers n. irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. Statement of Occupation-Precise statement of oe 6 yrs.). For persons who have no occupation For many occupations a single word or term on OT without more precise specification as Day At Home, and children, not sainfully cin-If the occupation has been changed As era ples: (a) duties of the

Statement of Cause of Death Name first, the pis-Ease causing death (the primary affection with respect to time and causation), using always the same a copted term for the same disease. Examples: Octobro pind fever (the only definite synonym is "Epile-dic cert-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid phenimenia"); Lobar pacumonia, Broachopheumonia ("Pnenmonia");

tions answered in detail, it will prevent further correspondence. (1) the data is essential and must be obtained before the certificate is permanently filed.

ment Nomenclature of the American Medical Association.) head ture of the injury, as fracture of skull, and conse-"Poisoned by carbolic acid—probably suicide. ducut-os Irain accident; Revolver wound of head-homicide; Bramples: Accidental drowning; as probably such if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Dropsy." "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," "Coma," "Con-....... (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was under-"Purrellal seplicaemia," "Puerperal peritonitis," "Uracmia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," vulsions." "Debility" ("Congenital," "Senile," etc.) conditions, such as "Asthenia," "Anaemia" ary), 10 ds. eausing death), 29 ds.; Bronchopneumonia stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men taken. use of "Tunner" for malignant meoplasms); Meastes; (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; If this certificate is looked over thoroughly and all quesof cause of death approved by of "contributory." FOR VICLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the interstitial nepkritts, etc. The contributory Never report mere symptoms or (Recommendations on state-Example: Measles (disease Always qualify all failure," "Haemor-Struck by railway Committee on terminal (merely (second-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS BY PHYSICIAN
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RENT

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B OCCUPATION

9 BIRTHPLACE (State or country)

10 NAME OF

FATHER

11 BIRTHPLACE

OF FATHER

OF MOTHER

13 BIRTHPLACE

OF MOTHER

14 THE ABOVE IS TRUE TO

(Informant)

(State or country) 12 MAIDEN NAME

(State or Country)

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in

which employed or (employer)

	Price Georg	340
2		deich of
PER	SONAL AND STATISTI	CAL PARTICUL
Male	Colored	MARRIED, WIDOWED. OR DIVORCED (Write the word)
DATE OF	BIRTH	
	huhmir	m
	(Month)	(Day)
AGE		[I
	24? yrs.	moads.

	STATE OF MARYLA
6	CERTIFICATE OF DE
and the same of th	2

17

(Signed).

ATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) I HEREBY CERTIFY. That I attended the deceased from and that death occurred on the date stated above, at ..... The CAUSE OF DEATH \* was as follows: Terromins

· · · · · · · · · · · · ·	
	(Duration) huhuma
Contributory Secondary	aute alwholin
	(Duration) - was - mos /

192 3 (Address) JA the lisease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

1. mil

18	LENGTH	OF	RESIDENCE	(For	Hospitals,	Institutions,	Trans
	ients or Recent Residents)	Residents)					

In the At place .yis......ds. Where was disease contracted,

if not at place of dea.h?.

Former or usual residence

20 UNDERTAKER

OF BURIAL OR REMOVAL

DATE OF BURIAL ADDRESS

Registrar If more beanks are needed, address tate Kegistrar, 15 W. Saratoga St., Balto., Requesting V. S. No.

THE BEST OF MY KNOWLEDGE

ARS

(Year) fLESS than

day hrs.

r....min.?

Every in CIANS

WRITE

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from third 6 yrs. For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, whatever, write None. Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. should be used only-when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons enetc., Foreman, or At Home, and, children, not gainfully em-For many occupations a especially in industrial employments, it is neceswithout more: precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the single word or term on (6) Grocery,

Strtefnett of Cause of Death—Name, first, the DIS-EA COUNTY (the primary affection with respect to time and causation), using always the same accepted term for the same disense. Examples: Cerebrospinal floor the only definite synonym is "Epidemic cerebrois, inal medingitis"; Diphlheria (avoid use of "Croup"); Typhoid feer (never report "Typhoid Pneumonia"); Lobar phiemaonia, Bronchopneumonia ("Pneumonia,"

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> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stited unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death as-fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, cough; or intercurrent) affection need not be Chronic valvular heart disease, Example: Measles (disease etc. The Nomenclature of the contributory

II this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

9	OF MARYLAND-	-CERTIFICATE OF DEATH 03065
1. PLACE OF DEATH	Tenens	Posicitation Diet No. 2 × 6
County County		Registration Dist. No.
Village or City WITHIN C	ORRON	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town v	ORPORATE LIMITA DEVIS	osds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME	Kondo	all.
(a) Residence: No.	-	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 7 193 (Month) (Day) (Year)
58. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	7	22.   HEREBY CERTIFY, That I attended deceased fro
C DATE OF BIDTY (	March 6-32	ant 6 301
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Mont		to have occurred on the data stated above, at 3 4 m
	1 day, 2-3 hrs	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNEI SAWYER, BOOKKEEPER, etc	R, fin	Exfort Afront hill
Kind of work dona, as SPINNEI SAWYER, BOOKKEEPER, etc  9, Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at		omeo. pejhin
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Mains hy	Other Cautributary Causes of importance:
	Kindrell	
E	and	
4 14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of Date of
15. MAIDEN NAME Relie	May News	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	26	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicida?
17. INFORMANT Filler 9	to Vertile	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	nd Date Much 7 1032	Manner of injury
19. UNDERTAKER F. Rosal (Address)	le Pris	24. Was disease or injury In any way related to occupation of deceased?
20. FILE Mark ) , 193 -	Hang hally Ma	(Signed) And for M. (Address) Surf Auris Links
If		r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 ycar
	Date of onset  1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------------------------------------	------------	-----------	---------	------------	----	-----------

03066

(/ž/)			
	Registration Di	st. No. 2	30
No. death occurred in a hospital or institu			
ds. How long in U.S. if o	f foreign birth?	yrsn	nosds.
<b></b>			
St.,Ward.	If nonraident air	ve city or town an	d State
MEDICAL CI	ERTIFICATE O		o Diate
21. DATE OF DEATH			
3	(Month)	16	, 193 2 (Year)
,	(Month)	(Day)	(Year)
. //	19.32, to		
I last saw han alive on	- / .	7	Z; death is said
to have occurred on the date state	d above, at 5 P	m.	
The PRINCIPAL CAUSE OF OEAT	H and related causes	of importance	10.6
artinoc	brown		3/1/26
mysegra	tij.		
Hyperture	M		
Chu. Tryl	isslika	1	
Mystra	w		
Other Contributory Causes of impo	rtance:		
Sililatio	Covac		2/0/-
george Carlos	М		11/2-2
Name of operation		Note of	
What test confirmed diagnosis?			1
23. If death was due to external cau			
Accident, suicide, or homicide?	0a	te of Injury	, 19
Where did Injury occur?	10 1	10.	
Specify whether Injury occurred In	(Specify city or to INDUSTRY, in HOMI	e, or in PUBLIC PI	LACE.
Menner of injury			
Nature of injury			
24. Wes diseese or injury In any w	ay related to occupation	on of deceased?	no
If so, specify	3-11	A .	
(Signed)	May	Man.	M. D.
(Address) (Address)	66.161	V.W.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and rela		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	,		
Other contributory causes of importan	nce:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

6.	00	1.	0	Α.
0	1	19	Ex	1

2.3	4
Registration Dist. No. 2	5
No. St.	Ward
eath occurred in a hospital or institution, give its NAME instead of street and n	
ds. How long in U.S. if of foreign birth?yrsmo	sds.
7	1
St., Ward Assudale Many	lary
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
Thurch 20	193 2
(Month) (Oay)	(Year)
12. May 17 HEREBY CERTIFY That I attended of	eceased from
Hast saw h W alive on Man 20 19.32	death is sald
to have occurred on the date stated above, at 10 % m.	
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
HOIG AS IUIUMS.	Oate of onset
$\Omega_{\bullet}$ $\Omega_{\bullet}$	Maro
Tulnunay Hennyukage.	
Other Contributory Causes of importance:	~~~~
1	
Subjectives.	
Neme of operation	
What test confirmed diegnosis Plus must forder worthere en eu	topsy? The
23. If death was due to external causes (VIOLENCE) fill in elegathe following:	
Accident, suicide, or homicide? Oate of injury	, 19
Where did injury occur?	
(Specify city or town, county and State Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
Manner of injury	
Nature of injury	
24. Wes diseese or injury in any way related to occupation of deceased?	
If so, specify	
(Signed) Mutjoff lane	M. 0.
(Address) flygulale, Nell	<b>L</b>

If more blanks are needed, address Sate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

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County Registration Dist. No. 281  Village or City Sandown  (If death occurred in a horpital or institution, give its NAME instead of street and num	
Village Dr City Sandover ND. St., (If death occurred in a horpital or institution, give its NAME instead of street and num	mber)
Length of residence in city or town where death occurred 🔰 🐧 yrs,ds. How long in U.S. if of foreign birth?yrs,mos,	ds.
2. FULL NAME Edward Mª Yovern	
(a) Residence: No. Landover 9xd St., Ward.  (Usual place of abode) If nonresident give city or town and St	tale
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male white S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married (Month) (Day)	193 <b>2</b> (Year)
5a. If married didwed, or divorced	
(or) WIFE of Louise &. M. Youth 22.   HEREBY CERTIFY, That I attended de	
6. DATE OF BIRTH (month, day, and year) LOcc 15- 1871   I last saw h alive on	
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Sundam death	Date of onset
8 Trade profession or particular	
9. Industry or husiness in which WC. Mat. 44.	
work was done, as SILK MILL, LO effer Samuel	
11. Total time (years) this occupation (month and spant in this	
year) occupation Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	
(State or country)  M. Jy.	
13. NAME  14. BIRTHPLACE (city or town)  Name of operation  Date of	
what test confirmed diagnosis? was there an aut	opsy?/10
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  Contact or country  17. MAIDEN NAME  23. If death was due to external causes VIOLENCE) fill Injuly  Accident, suicide, or homicide?  Date of injury  Contact or country	
16. BIRTHPLACE (city or town)   Accident, suicide, or homicide?   Date of injury	, 19
(Specify city or town, county and State)  17. INFORMANT INDUSTRY, in HOME, or in PUBLIC PLAC  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
(Address), Landows and	****
18. BURIAL, CREMATION, OR REMOVAL  Place Pastington L C Date Mich 28/, 19 32  Nature of Injury  Nature of Injury	
19. UNDERTAKER J. Jaschs Jour 24. Was disease of injury in any way religious of course of injury in any way religious of the course of injury in any way religious of the course of injury in any way religious of the course of injury in any way religious of the course of injury in any way religious of the course of injury in any way religious of the course of injury in any way religious of the course of injury in any way religious of the course of injury in any way religious of the course	
(Address) Bladens here m & If so, specify John Tugstonly &	Parmer
20. FILED Mar. 27, 1932 M. D. Shicer (Signed) Nover & Clamber Dacling (Address) Balanchurg, He	P.M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	and related causes Date of onset		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronie interstitial nephritis	1921	Run over by street car	1 week ago		
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
APR D. BRIZ					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			1		

(Year) If LESS than

min.?

I day hrs.

		-			
					23
Reg	intral	ion	Dist	. No	000

Ward)

(If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH

(Day) (Nonth)

B OCCUPATION (a) Trade, profession or particular kind of work (6) General nature of industry

business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE ENTS OF FATHER (State or country)

12 MAIDEN NAM ď ⋖ 0 13 BIRTHPLACE

OF MOTHER

(State or Country)

(Informant)

MEDICAL CERTIFICATE OF DEATH

(Month) (Day) I HEREBY CERTIFY, That I attended the deceased from that I last saw hely alive on

and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows:

..(Duration)

Contributory Secondary

16 DATE OF DEATH

(Address)

\*State the l'is ase Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the At place of death. ....yre......mos......de. Where was disease contracted,

if not at place of dea.h? Former or usual residence

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

RESERVE MARGIN tated EXACTLY, roperly classified certificate.

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BINDING

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Househeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton without more precise specification as Day (b) Automobile factory. The material mill; (a) Salesman. (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEARD CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Löbar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, taken. For VIOLENT DEATHS state MEANS OF INJULY Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiby Committee on cough; Chronic vauvum contributory menhritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSTCLANS should state

of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement

is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be stated EXACTLY.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Prince George	Registration Dist. No. 3445
Village of City Hyattania & D.	No. Que St., 4 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _ Loyrs	2) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Harry & moore	
(a) Residence: No. Armdel are (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE, OR DIYORCED (write the word)  Wale  Warree	21. DATE OF DEATH  Mich 29  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Occa & Moore	22. f HEREBY CERTIFY, That I attanded decassed from
6. DATE OF BIRTH (month, day, and year) afor 17- 1860	I last saw have alive on 28 , 132 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profassion, or particular kind of work dona, as SPINNER, Book Legger: SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, y SAW MILL, BANK, etc.  10. Date daceased last worked at June: 11. Total time (years) spant in this occupation (month and June)  12. BIRTHPLACE (city or town)  (State or country)  13. Trade, profassion, or particular kind, as SPINNER, Book Legger:  14. Date of Country Legger  15. BIRTHPLACE (city or town)  (State or country)  16. Date of Country Legger  17. Date of Country Legger  18. Trade, profassion, or particular kind of work dona, as SPINNER, Book Legger  19. Sawyer, Book Legger  11. Total time (years) spant in this occupation legger  12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of importance: Ochana and Contributory Cau
13. NAME  14. BIRTHPLACE (city or Lown)  (State or country)  13. NAME  14. BIRTHPLACE (city or Lown)  (State or country)	Name of operation Oata of What tast confirmed diagnosis? Was there an autopsy? MD
15. MAIDEN NAME Mary & Moore  16. BIRTHPLACE (city or town) - Downed Co (Stata or country) m 2  17. INFORMANT (Address) Devaturilly m d	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Placa Cedar Chills m. 2 Oate mich 31-, 1932	Mannar of Injury
19. UNDERTAKER F. Jacobi Sono (Address) Physitarille med 20. FILED March 31, 1932 - March Say Sever	24. Was disease or injury in any way related to occupation of decaesed?
Registrar.	(Address) Alphanelelle

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Example I		Example II	
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Chronic interstitial nephritis APP 6 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN RESERVED FOR BINDING

V. S. No. 1

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1. PLACE OF DEATH	2.3
County Prince Teage	Registration Dist. No. 230
Village or City Branchville	NoSt.,Ward
The control of the co	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
at 11 n. 11	in the state of th
2. FULL NAME I homas Joseph Mushly	
(a) Residence: No. Shurefuelle (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Mich 16 - 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Mary auson: Murphy	22. I HEREBY CERTIFY, That I ettended deceased from  19.34, to May 14, 19.34
6. DATE OF BIRTH (month, day, and year) next Braun	I lest saw hiom alive on Mar 14 , 193 2; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 300m.
64   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade profession or particular	Pulmonary Inbarculosio Date of onset
kind of work done, as SPINNER, Januar's	7
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town) australia	Other Coutributory Causes of importance:
(State or country)	
E 13. NAME John. murphy	
14. BIRTHPLACE (Kity or town) - australia	Name of operation none Date of
(State or country)	What test confirmed diagnosis? The was there en autopsy? The
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mary aun Murphy (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Bladenshury Mo Dey Mar 18, 19.31	Nature of Injury
19 UNDERTAKER F. Jackho Jours	24. Was disease or Injury In any way related to occupetion of deceased? Zao
(Address) Lyutaville, md.	If so, specify
20. FILED MCht 18-, 19 3 2 John & Smith	(Signed) R. a. Bernstell M.D.
Registrar.	(Address) Riverdale Ind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	10R 5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEREAD V.	July 5,1927	Peritonitis	3 days ago
	1			
Other contributory cau	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13914
1. PLACE OF DEATH	THUN 93-C)
county Vrince Jeorge	THIN CORPORATE LIMITH BY Registration Dist. No.
Village or City Mr. Clankey	NoSt.,War f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred byrsmos	
2. FULL NAME Harry Milton Me	utzabaugh
(a) Residence: No. 3225 February	St., Warte.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 23 103 2
Sa. I wanted widowed or arrowed	(Month) (Day) (Year)
5a. 11-morried, widowed, or stronged HUSBAND of Sarah Mutzabaugh	22.   I HEREBY CERTIFY, That I attended deceased from 1932, to work 23193
6. DATE OF BIRTH (month, day, and year) Oct. 2 1859	( ) ast saw h alive on march 22, 19-2; death is sa
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at /Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	My o our detes
9. Industry or business in which work was done as SUK MILL	/ 103
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc.  10. Data deceased last worked at this securation (month and	
10. Data deceased last workad at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town)	Other Coutributary Causes of Importance:
(Stata or country)	Embolism (Gretne)
13. NAME CUBNIC 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of operation. Date of
(State or country)	What test confirmed diagnosis why o Ex prowes there an autopsy?
15. MAIDEN NAME CUMBUSM	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CUMPLIANT  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19
(Stata or country)	Where did Injury occur?
17. INFORMANT alter 7 Mutyataugh	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plack after glas De Dat Mus 23, 1842	Manner of injury
19. UNDERTAKER WW Chambers 60 (Address) 400 Chapin Its Wash D.	24. Was diseasa or injury In any way related to occupation of deceased?
20, FILED D V3 , 19 V Havry Nally Registrar.	(Signed) Medical Scarce Re
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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alexand her hard and	Example I		Example II	
The principal cause of dof importance were as for	eath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephriti	s APA - 6 - 4932	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	bliki l			
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

Date of onset

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURMAU V.		8	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastrocnteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address the Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The second second	2.30P

BINDING

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	.Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriasclerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga
BURRAU V.S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		S	1

BINDING

FOR

MARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days ago
Other contributory causes of importance:	re-system _	Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STA	TE O	F MAR	YLAND-	CERTIFICATE OF DEATH	77	
1. PLACE OF DEATH	(			(3)	_	
County True	ce	sear.	20	Registration Dist. No.		
Village or City Red	Ehrie	1 8		No. St	Ward	
Length of residence in city or	favor volume de		(II	death occurred in a hospital or institution, give its NAME instead of street and numb	er)	
2. FULL NAME	0-00	Lat 1	yrsmos	How long In U.S. if of foreign birth?yrsmos	ds.	
	un		) June			
(a) Residence: No. (Usual place of abode)			of abode)	St., Ward.  If nonresident give city or town and State	e	
PERSONAL AND STATISTICAL PARTICULARS			CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)			RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  (Month) (Day)	(Year)	
5e. If married, widowed, or divorced HUSBAND of		20 11	9	700	, , , , ,	
(or) WIFE of				22. I HEREBY CERTIFY, That Lattended dece		
6. DATE OF BIRTH (month, day, end	vear) %	ar 10	432	I lost sew h alive on		
7. AGE Years	Months	Days	If LESS then	fo have occurred on the date stated above, at	10 0414	
			1 day, Ohrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as ollows:	A	
8. Trede, profession, or particukind of work done, es SI SAWYER, BOOKKEEPER,	lar PINNER.			Stilblith	te of onsat	
SAWYER, BOOKKEEPER,		-no	<u> </u>	to moniter		
work was done, es SILK	MILL.					
kind of work done, es SI SAMYER, BOOKKEPER, endusfry or business in which work was done, es SILK SAW MILL, BANK, etc  10. Dafe deceased last worked if his occupation (month at	at	11. Total t	ime (years) nt in fhis			
year)	100 -		pation	Ofher Coutributory Causes of Importance:		
12. BIRTHPLACE (cify or fown)	The	chie				
(State or country)	P	V				
13. NAME Cucker  14. BIRTHPLACE (city or town).	n on	idell				
14. BIRTHPLACE (city or town). (Stete or country)	7			Name of operation Date of		
	- V	- A	~9	What fest confirmed diagnosis? Was there en autop	sy?	
15. MAIDEN NAME 200	igores	- Allen	3	23. If death was due to external causes (VIOLENCE) fill In elso the following:		
O 16. BIRTHPLACE (city or fown)  (Stafe or country)	2	and la		Accident, suicide, or homicide? Date of injury	19	
17. INFORMANT Cindum Pullell (Address)			ll	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION OR PEMOVAL			,	Manner of injury		
Place Rulelin And Date Karah 12,1932			ah 12,1972	Nature of injury		
19. UNDERTAKER Andrews (Addiess) Gran	Fu	roll	OV-1	24. Was disease or injury In any way related to occupation of deceased?		
20 FILED Remel 1/279 7	116	wolfer	Registrar.	(Signed) Decar I. Tore J. P.  (Address) & Celling County.	M. D.	
	If more bl	anks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting O. S. No. 1107 1619	-	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AFO. D. Date	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUZTEO.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

M

V. S. No. 1 B.

	MARYLAND-	CERTIFICATE OF DEATH	078
1. PLACE OF DEATH	,	92:0	_
County June ce M	inges-	Registration Dist. No. 23	<b>V</b>
Village or City Cafeetal H	refleto	NoSt.,	Ward
Length of residence in city or town where death occ	curred vrs // mos	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
2. FULL NAME Loves F	PI	Months and the state of the sta	sas.
101	Vanume	2	
(a) Residence: No. Address	Jsual place of abode)	St., Ward.  If nonresident give city or town and	C
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SIN	GLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
mule whete	DIVORCED (write the word)	Jugle 18	199. 2
5e. If married, widowed, or divorced	0	(Month) (Day)	(Year)
HUSBANO of (or) WIFE of	Lewon	22. I HEREBY CERTIFY, That I attended of	eceased from
	1 0	, <u>1</u> 9, to	, 19
6. DATE OF BIRTH (month, day, and year) / Recolumn	2 1838	I last saw h alive on about tuby 8 , 19 3 2	death is said
7. AGE Years Months	Oays If LESS than 1 day, hrs.	to have occurred on the date stated above, at	ane gu,
73	3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, es SPINNER,	Seldin	probable chronic,	done
SAWYER, BOOKKEEPER, etc.	source.	rabular heart desine	4 Frans
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		suttr aucto dilatation	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) 30		
10. Oate deceased last worked at this occupation (month end year)	spant in this		
13.07	h- 1	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)  (State or country)	122-91		
H / D	1		
(State or country)		Name of operation Oate of	
IS. MAIOEN NAME		What test confirmed diagnosis? Was there an au	lopsy?
T IS. MAIDEN WAME	- Comment	23. If death was due to external ceuses (VIOL ENCE) fill In elso the following:	
O 16. BIRTHPLACE (city or town)  (State or country)	Tenn	Accident, suicide, or homicide? Oate of injury	, 19
(close of county)	-	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT	ence	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLAN	CE.
(Address)	regies hig		
na . + . / a / a	mar 23 1932	Manner of injury	
m I me la	111	Nature of Injury	
19. UNGERTAKER	WV ,	24. Was disease or injury in any way releted to occupation of deceased?	7-2
(Address) 18.81.81 Home	- G IV of-	The a define (as	(oro)
20. FILEO 13 1932 1 1200 1	There .	(Signed) 3112 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	M. O.
	Registrar.	(Address) play lelasant mod	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ( )	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 4 1932	di di		
Other contributory causes of importance:	The second secon	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

This death occurred in	maryland- see	Jorn # 2 under
" Brades" 4/33/32	11000	1
mo	U	
<b>リ</b>		

OCCUPA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	-0
Gallstones	May 1,1923	Gastroenteritis	1 year

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FOR BINDING

MARGIN RESERVED

be stated EXACTLY, PHYSI-be probelly classified. Exact k of certificate. RECORD should it may See instructions on that ACE ⋖ supplied. 11TH UNFADING INK-THIS terms Every item of information should be carefully socially should state CAUSE OF DEATH in plain statement of OCCUPATION is very important. So Every item of I

PLACE	OF	DEA	TH
unty Pr	ın	or	Ge

File March 18 187 Ld

# STATE OF MARYLAND CERTIFICATE OF DEATH

P 0 1	Registration	Dist. No. ZJ 2
Village or City Leeland (No	St,: Ward	(If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March (Month)	/3 , 1932 (Day) (Year)
6 DATE OF BIRTH  ALL 15, 18-54	17 I HEREBY CERTIFY, That I at March 12 1922. to 11/1.	tended the deceased from
(Month) (Day) (Year)  7 AGE    S OCCUPATION (a) Trade, profession or particular kind of work	The CAUSE OF DEATH * was as follows:	
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  11 Annla M	Contributory Secondary	
10 NAME OF FATHER Whin Proclar  11 BIRTHPLACE OF FATHER (State or country) Manyland	(Signed) Willy Azid	or, in deaths from
12 MAIDEN NAME OF MOTHER Maly and Newman  13 BIRTHPLACE OF MOTHER (State or Country) May land  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents) At place	
(Informant) In M. O. Buttle	Former or usual residence	
(Address) After Marthand May	Upper harbors my	March 15, 1672
15 /1 112 21 11 -1/1 7/2	20 UN DERTAKER	Appress

No. 1 ož

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If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired work, whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solcsman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Foreman, Or For many occupations a single word or term on 378). Farm laborer, Laborer-Coal mine, etc. At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile foctory. The The quesinaterial Grocery; from Cook

Statement of Cause of Death—Name, first, the bisable Causing Death (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation) is "Epidemic cerebrories" (the only definite synonym is "Epidemic cerebrories pinal meningitis"); Diphtheria (avoid use of "Croup"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Dobar pneumonia, Bronchopneumonia ("Pneumonia,")

racture of skull, and consequences (e.g., sepsis, Recommendations on statement of cause of death approved by Committee on American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonocum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, use of "Tumor" for malignant neoplasms); Measles; tetahus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic etc. The contributory valvular heart Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the details essential and must be obtained before the certificate in the companion of the certificate in the cert

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A. te	STATE OF MARYLA	AND—CERTIFICATE OF DEATH
old infor-	1. PLACE OF DEATH	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	County Line Tear	Registration Dist. No. 245
kem of should of OCC	Village or City College Ce	No. St., War (If death occurred in a horpital or institution, give its NAME instead of street and number)
E 20	Length of residence in city or town where thath occurredrs	mosds. How long in U.S. If of foreign birth?yrsmosd
CORD. Every PHYSICIANS ct statement	2. FULL NAME	PIL
/		rrace St, Ward.
	(Usual place of abod	e) If nonresident give city or town and State
KECORD PHYSI Exact state	PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
<b>€</b> × · · · · ·	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (write	
DING LANEN A C T L ssifted.	Se. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I_HEREBY CERTIFY, That I attended deceased fro
BINDIN PERMANI E X A C 7 y classificate.	ames A. Just	18/97 March 2/ 1932 10 March 2/ 1932
BII BII E y	6. DATE OF BIRTH (month, day, and year) Lan 29	1932 I last saw h la alive on March 21, 1932; death is sa
FOR B. IS A PE stated E properly certificate	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LESS than to have occurred on the date steted above, at 9.301:m.  Yhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
FOR IS A stated proper ertific	67 10122 or.	min. Were as follows:
- 10	8. Trede, profession, or particular kind of work done, as SPINNER,	· Chule cardise delatation / hu
THI d h h h h h h h h	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end	24
SERVI NK_T should it may n back	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
		is a second seco
RES AGE I that	yeer) occupation	Other Contributory Causes of importance:
Z	12. BIRTHPLACE (city or town)	Intestina Obstruction I don
MARGIN UNFADI supplied. n terms, se	(State or country)	
	13. NAME  14. BIRTHPLACE (city or town)  (State or country)	as
MA H U sul lin t	14. BIRTHPLACE (city or town)	Name of operation Date of Date of
Illy pla	1 (State of country)	What test confirmed diagnosis Synaplom Was there an autopsy? A
1.0	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (MOLENCE) fill in also the following:
NLY, be can EATH import	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
be EAV	un / · · · · · ·	Where did injury occur? (Specify city or lown, county and State)
hould OF DI	(Address) # 8 May 19 Ma	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
F-3 (0)	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
	Place Maskington, h. Coal /2	Nature of injury
WRITE mation s CAUSE TION is	10 HADERTAKED ON MICH.	24. Was diseese or injury in eny way related to occupation of deceased?
B. L. I.	19. UNDERTAKER  (Address)  (Address)	If so, specify
2 m	20, FILED March, 22", 1932 mrs Jas De	(Signed) Cal W. Draeff A. M.
> Z		Registrar. (Address) / 515 N. I. ave M. Machy D.C.
	If more blanks are needed, address	State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis	



CAUSE OF state CCUP/

No.

Every (it CIANS statement

M	FECURD  FEXACTLY, PHYSI- rly classified. Exact ifficate.	PLACE OF DEATH County Prince Ser  Village or City lepper I naulton had  2FULL NAME Severye Sim	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23  St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)		
NG INK-THIS IS A PERMONT Refully supplied. ACE should be stated in plain terms so that it may be proper and its see instructions on back of contract.	atec	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	id be standard be proposed to be pro	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 12, 1932  (Month) (Day) (Year)		
	CE should hat it me ions on b	6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw har alive on in the CAUSE OF DEATH * was as follows:		
	illed. A	7 AGE   If LESS than     day hrs.   ds.   or min.			
	supp See	abo o GOCCUPATION (a) Trade, profession or Jaboner particular kind of work	Bulinerary Tuber culous		
	refully in plain	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)		
MARGIN	of DEATH	9 BIRTHPLACE (State or country) Maryland  10 NAME OF FATHER James Summe	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Address)  (Address)  (Address)		
7	on tel	IN II BIRTHELACEV	74 (radioss)		

11 BIRTHPLACE ARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 0 13 BIRTHPLACE

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

OF MOTHER

(State or Country)

(Informant)	andren	~ Oc	aufor	S
	s) upper /			

Registrar

Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

20 UNDERTAKE

ients or Recent Residents)

Where was disease contracted,

if not at place of death?.

State yrs mee .....ds.

At place

of death

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits ean be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Foreman, 07 especially in industrial employments, it is neces-For many occupations a single word or term or Farm laborer, Loborer-Cool mine, etc. (b) Cotton mill; (a) Salcsman. At Home, and children, without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material not gainfully em-(b) The ques-Grocery Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., ot telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom causing death), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; 29 ds.; Bronchopncumonia (secondary), Chronic etc. valvular heort Always qualify all The contributory not be discose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 63083
1. PLACE OF DEATH	46)
County Prince Tearques	Registration Dist. No. 245
Village or City 3/ Sycothy wells	No. 37 mil ave St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredmos	ds. How iong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Thomas.	Smalley.
(a) Residence: No. 37 mel ave	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Aleccurer	21. DATE OF DEATH Mank 6, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of Like Smalley.	march 4 19.32 10 march 6 19.49
Q1 01 1015	i last saw h. Line alive on march & 1982; death is said
6. DATE OF BIRTH (month, day, and year Dru. 26. 857  7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at \$ Pm.
41/ 03 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
74 13 1 10 1 6 ormin.	were es follows:
8. Trade, profession, or particular kind of work doma, as SPINNER,	Course of the Mercand
SAWYER, BOOKKEEPER, etc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at the occupation (month and	
10. Data deceasad last worked at 11. Total time (years)	
this occupation (month and year)	
12. BIRTHPLACE (city or town) 6 ngland.	Other Contributory Causes of importance:
(State or country)	
13. NAME Thomas Susples.	
13. NAME Thomas Smalley.  14. BIRTHPLACE (city or town)	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy
7 0	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
Country)	Where did injury occur?(Specify city or town, county and Stale)
17. INFORMANT Marion J. Trufees.	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Wash 10 C Date 3 - 6 - 19 3	Manner of injury
10 A A A	Nature of injury
19. UNDERTAKER A las Granes American Albertaker & 16-1+ st 20 W WE	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED March 6, 193 35 Misos Registrar.	(Signed) (Address) Hallmulf My
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the second	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Lance Contract	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial pephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLAINL' WRITE m =

County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2.33
Village or City Now (Now Prugg	St: Ward) (If death occurred in a hospital or institution, give its NAME It stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH MCU 14, 1922  (Month) (Day) (Yerr)
6 DATE OF BIRTH  Mell (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw halive on 192 192 192 192 192 192 192 192 192 192
7 AGE  yrs	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  Performance (State or country)	Contributory Secondary  (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos. ds. In the State yrs mos. ds.  Where was disease contracted,
(Informant) Hum Washus or (Address)	if not at place of death?  Former or usual residence  19 BLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Marillo, 1932  120 UNDERTAKER  ADDRESS
Filed Mar 16 182 Smell Darmer Registral	Henry Washington Croom me r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired .6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deul-(a) Foreman, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6) Grocery;

EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul (cere (the only definite syndam (avoid use of "Croup")); simal meningitis"; Diphtheria (avoid use of "Croup"); Typhōid fever (never report "Typhoid Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the diffusion essential and must be obtained before the certificate is permanently filed.

03085

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 230

Village or City Cally Sark (No	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
hende blute 5 since.  MARRIED. WIDOWED WIDOWED (Write tha word)	16 DATE OF DEATH  Macel 6 , 1982  (Month) (Day) (Year)
September 28, 1872 (Month) (Day) (Year)	that I last saw his alive on March 6, 193 2, and that death occurred on the date stated above, at 8 0 3 2.
59 yrs. 5 mos. 7 ds. l day hrs.	
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
9 BIRTHPLACE (State or country) Luck ill land, Q	Secondary  (Duration) yrsmgsds.
10 NAME OF FATHER O. Plusus	(Signed) W. aller Gerffelly D. March 6 1932 (Address) B. Orlboth Well
OF FATHER (State or country)	*Stata the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Coltarene L. Darling	OLINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Person	At place of deathyrsmosds, Stateyrsmosds.  Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deah?
(Addresa) Colly Park, Med	19 PLACE OF BURIAL OR REMOVAL Of are & hurch cemetry Gloudster County No mek 8-1932
15 Filed Meh-7- 1982 Inhap Smith	20 UNDERTAKER ADDRESS

If more b.anks are needed, address tate Registrar, 16 W. Saratoga St., Bulto., Lequesting V. S. A.o. 1.

V S No. 1

information should be carefully supplied. ACE chould be stated EXACTLY, PHYSIstate CAUSE CF DEATH in plain terms so that it may be properly classified. Exact
CCUPATION is very important. See instructions on back of certificate.

Every item CIANS Supstatement o

RECORD

BINDING

FOR

MARGIN RESERVED WITH UNFADING INK--THIS

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH to report Foreman, For many occupations a single word or term on especially in industrial employments, it is necesspecifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The materia (b) Grocery, The ques-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

> totanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, st\_ted unless important. Example: inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory (secondary or intercurrent) affect a need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Measles (disease disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	George.	Levis	Trust # Registration Dist. No. 245
0	0		No. St., Ward
			death occurred in a hospital or institution, give its NAME instead of street and number)
where d	leath occurred	_yrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
rec	Thorn	ton	
			St Ward.
	(Usual place of a	nbode)	If nonresident give city or town and State
TIST	ICAL PARTICI	JLARS	MEDICAL CERTIFICATE OF DEATH
CE	5. SINGLE, MARRIE OR DIVORCED (	write the word)	21. DATE OF DEATH  Manch 30  (Month) (Day) (Yeer)
	Thu Thu	Time	22. I HEREBY CERTIFY, Thet I ettended deceesed from
USA	W JANNE	10741	March 24 ,1932, to June 30, 1922
r)	11-11-	10/7	I last saw has alive on March 29, 1932; deeth is said
nths 2	0eys	If LESS then  1 day,hrs.	to have occurred on the date stated above, et
3	1 9	ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:
IER,	Housen	vife	
		/	Chronic Mrocarditis 19298
			d
	11. Total time spent i occupat	n this	
141			Other Contributory Causes of importance:
6V-W	<b>4</b>	************	
	10.0 KD1	11	
40	Sta D	7	
·	1114		Name of operetion Dete of
1	000	-/-	What test confirmed diegnosis? Wes there en eutopsy?
ryl	fix Har	nory	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
1	Tid		Accident, suicide, or homicide? Dete of injury, 19
	01	-1	Where did injury occur?
2 3	Jason	ton	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
non	id Bla	ee Hild	)
. 0	0/2/0	,	Menner of injury
YA	(Date 2/3	D, 19.32	Nature of injury
ans	rev 143	2.40US	84. Was diseese or injury in any way releted to occupation of deceased?
DH.	My Le	16.00	If so, specify
Ja	a sever		(Signed) (Raymond Cl. Tarvo M. D.
		Registrar.	(Address) 1821-8 Th MW 2
If more	blanks are needed, add	ress State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
EURZAU V 9				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH County Argus	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City agreement (No	St: Ward)  St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from fuord 1952 to lead 1, 1952, that I last saw h W live on fee of 1, 1952,
7 AGE   If LESS than   I day hrs   de. or min.	The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Durstion)  Contributory Secondary  Durstion)  Durstion)  Wis. Ones. ds.  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death wis. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Oyrus 00 Leid  Filed 2/3/32 192 Els Phappeless Registrar	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  3 3 , 1952  20 UN DERTAKER  ADDRESS  DELETHEN THE
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

or as probably such, if impossible to determine definitely. tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJURY cough; "Heart failure," "Haemorrhage, Chronic etc. valvular Always qualify all The contributory heart disease;

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

EXACTLY, y classified back may ESERVED plai UNFADING R MARGIN BO EA. shoul Every item CIANS sho statement

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE | 5 SINGLE. OR DIVORCED Write the word) 8 DATE OF BIRTH (Day) (Month) (Year) 7 AGE If LESS than I day hrs. ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country OF FATHER RENT (State or country) 12 MAIDEN NAM 13 BIRTHPLACE OF MOTHER Where was disease contracted, if not at place of dea-h?..... Former or

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME itstead . of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at ..... The CAUSE OF DEATH was as follows: (Duration) yrs. mos. ds. Contributory Secondary (Duration) (Address) the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death \_\_\_\_\_\_\_\_mos.\_\_\_\_ds. State yrs mos .....

BURIAL OR REMOVAL

If more banks are needed/addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 grs). For persons who have no occupation Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, without more precise specification as Day (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal faver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumania, Bronchopneumonia ("Pneumonia,"

permanently filed.

enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

Charbolic acid—probably suicide. The n\_ture of the injury, Recommendations on statement of cause of death (classus) may be stated under the head of "contributory." II this certificate is looked over thoroughly and a l qu stions approved by Committee on as fracture of skull, and consequences (e.g., sepsis, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi cough; Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the

V. 8. No. 1

PLACE OF DEATH County Price Slongs Co	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Clinton (No	Registration Dist. No. 200  St.: Ward)  A Mall  St.: Ward)  A pospitel or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Culoud Single, Married, Willower Or DIVORCED (Write the word)	16 DATE OF DEATH march 31, 1932 (Month) (Day) (Year)
76 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  18 1982 to March 31, 19232  that I last saw h Analyse on March 30, 19232
7 AGE    If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, at 6:10 m. The CAUSE OF DEATH * was follows:  - Asculor
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Duyocaditis + nephritis  (Durstion), vrs. mos. ds.
(State or country) T.B., maryland	Contributory Toyluno and Secondary  Lyns
10 NAME OF William R Walls  11 BIRTHPLACE OF FATHER (State or country)  W	(Signed) Cylon M. D. Morch 3 1923 x (Address) Markington D. P.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Carolyn Young 13 BIRTHPLACE OF MOTHER (State or Country)  12 MAIDEN NAME Carolyn  Young  Maylany	18 LENGTH OF RESIDENCE (For lents or Recent Residents)  At place of deathyrsmosds.
(Informan) Say Jos . Falls	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) auton md	Tee Bee, Md 4/3 . 19 32 20 UNDERTAKER ADORESS ADORESS 24675 M. of Park
Registrar	16 W. Seratora St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons enthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Inanition," "Marasmus, Out Age, "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, (secondary peritonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, (name origin; "Cancer" is less definite; avoid " "Marasmus, " "Old Age, " "Shock, or intercurrent) affection need not be Chronic The nature of the injury, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PHYSI-	County Prince LLONGS	STATE OF MARY CERTIFICATE OF
1	- po	m +	Registration Dist. No.
ECORD	EXACT rly class ificate.	2FULL NAME Refault born d	St.: Ward) a hosp ton, g stead number
2	oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
MAM	d be st y be pr ack of	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  White Control of the control of t
A PER	s on	6 DATE OF BIRTH  Month)  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the state of the sta
HIS IS	s so t	7 AGE	and that death occurred on the date stated above, a The CAUSE OF DEATH * was as follows:
G INK-T	y sup ain te	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Cesting 1a (Direction)
ADIN	EATH in pic	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
Z	rery	10 NAME OF FATHER	(Signed west
WITH	on sho	U State or country)	*State the Disease Causing Death, Or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
AINLY,	Inform state CCUPA	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country)  OLILLIA  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Instients or Recent Residents)  At place In the Stateyrs
TE PL	should ent of 0	(Informant) James Washington	Where was disease contracted, if not at place of death?  Former or usus! residence
WR	Every item CIANS sho statement	(Address) Clinton Ata	19 PLACE OF BURIAL OR REMOVAL  LO UNDERTAKER  ADDRE
	N. B.	LecaRegistrar	Jas. Washing two ble , 16 W. Seratoga St., Balton, Requesting V. S. No. 1.

		0	3090
STATE	OF M	ARYLA	ND
CERTIFIC	CATE	OF DE	HTA

Registration Dist. No. 240

lead	Washin	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERT	FIFICATE O	F DEATH
The DATE OF	0	(Month)30	(Day) (Year)
17 11	HEREBY CERTIFY	N yester	nded the deceased from
that I last sa	w halive on		, 192,
	th occurred on the OF DEATH * was a		above, atm.
? lo	n de	ad.	c. Pallik
•	Cesta	yy 10	yre, mos de
Contribute Secondi	ory		
(Signed)	1932 (Address	Swep Boon	M. D.
*State Violent Ca Accidental,	the Disease Causes, state (1) M Suicidal or Homicida		pr, in deaths from mry and (2) Whether
18 LENGTH			ds, Institutions, Trans-
At place of deathy	rsds.	In the State	yrsn.ssda,
Where was disc	ease contracted, of death?	nd a a a a a a a a a r r x r r r r r r r r	
Former or usual residence		.a . uwasann mnimasana a a	\$0 40 48 48 4 40 \$ 0 0 0 \$ 0 4 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 0
19 PLACE OF	BURIAL OR REM	Medo	Jare of Burial
BO UNDERTA	KER	4	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Further tered 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective o fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. gaged in domestic service for wages, as Servant Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Doy (b) Automobile foctory. The material (a) the kind of work and also (b) the Salesmon. -Cool mine, etc. Wom-Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: ('erebropical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "('roup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The n .ture of the injury, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonoeum, etc., Corcinoma, Sarcoma, etc., ol...... (name\_origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on as fracture of skull, and consequences (e.g., scpsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; or intercurrent) affection need Chronic valvular heart disease; statement of cause of etc. The contributory Always qualify all

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH	STATE OF MARYLAND
County Trunce Teorges	© CERTIFICATE OF DEATH
	Registration Dist, No. 242
Village or City Huntsville (No.	St.: Ward) (If death occurred i
Randon	tion, give its NAME in
2FULL NAME Dosa Was	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED OR Write the word)	16 DATE OF DEATH Mel 18 , 1932
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March 18.193	3 Mch. 18 1932 to Mch. 18, 1922
(Month) (Day) (Year	that I last saw han abtroller Mcl. 18 1902
7 AGE	The state of the s
Itallborn mos. ds. or mi	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Durstion) yrs mos de
FATHER Momes Washington	(Signed) M. D. M.
OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Daisy Laddis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) / a, / alex	usual residence
(Address) Parvoille D.C.	Blenarden Mc Marche 19 198
15 F. Augreli 19 1925 2 Grase / 2 Oour	20 UN DERTAKER ADDRESS
Defectly Registrar	Jon arry & Genardue
If more blanks are needed, addless State Regist	trar, 16 W. Saratoga St., Balto Requesting V. S. No. 1. Landover O. C.

d.

63091

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken tion applies to each and every person, irrespective of For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation Laborer--Coal mine, etc.

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal condi-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death . (name origin; "Cancer" is less definite; avoid Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

nfor- state	A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
infor	OCCUPA	1. PLACE OF DEATH 9	<u></u>	
E S	00	County Br All	Registration Dist. No. 245	
Should	0/	Village or City Hymnestille My	No/O /Hask Sh, st/Th Ward	
* just	9	3 h (IF	death occurred in a hospital or institution, give its NAME instead of street and number)	
Every	ent	Length of residence In city or town where death occurred yrs	ds. How long in U.S. If of foreign birth?yrsmosds.	
	tem	2. FULL NAME Myanta, LO	entry 1	
YSI.	statemen	(a) Residence: No. Alux 11 17 10	St., Ward.	
ECORD, Ever.		(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
) Ä	Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
- PH	-	OR DIVORCED (write the word)	Ther 1922	
TE G	ed.	5a, If married, widowed, or divorced	(Month) (Day) (Year)	
BINDING EXACTI	classified.	/5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.7 HEREBY CERTIFY, That I attended deceased from	
ND	clas	Janou Comment	TV52) 1972 to MUN 121 1977	
BI		6. DATE OF BERTH (month, day, and year)	I last saw h St. alive on 19 197 ; death is said	
R. A. I.	properly certificate	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at	
FOR IS A stated	erti	U. A PUD Or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
- 70	of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Main & Coursellos 747-7	
TH d		kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et  11. Total time (years)		
SERV VK-T	may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
INK Sho	# #	10. Date deceased last worked et this occupation (month and spent in this )		
14 PM		year) occupation		
Z	se t	12. BIRTHPLACE (city or town) Disturbly	Other Cantributory Causes of Importance:	
FADING ied. AG	s, s	(State or country)	***************************************	
MARGIN UNFADI	terms, so that instructions	13. NAME Zawar Prarete		
MA	40	14. BIRTHPLACE (city or town)	Name of operation Oate of 75 91	
H	n plain nt. Se	(State of country)	What test confirmed diagnosis 1 Angas 1 - 2 Was there an autopsy? 12	
WITH	in t	15. MAIDEN NAME TO PROVIDE TO STATE OF COUNTY	23. If death was due to external causes (VIOLENCE) fill in also the following:	
See .	OF DEATH in prery important.	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
100	DEATH y import	(State or country)	Where did injury occur?(S	
EE	DE	17. INFORMANT TO V. Wallow	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
E C	OF	(Address)  18. BURIAL, CREMATION OF REMOVAL		
E 1.00	E S	Place Cas lees for Date 31/ 1032	Manner of injury	
WRITE	CAUSE TION is	When I got	Nature of injury	
	TICA	19. UNOERTAKED	24. Was disease or injury in any way related to occupation of deceased?	
B.	~	(Address) 1840 - 4 If less work D	If so, specify	
N. N.	1.)	20. FILED / Man, 1, 1932 Mrs Jas, Sever	(Signed) M. D.	
1	- 1	Registral.	(Address) Pry and true my	
#10	# 1041 If more blanks are nowded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wares. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.- The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

dest.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of the control of th INT RECORD WITH UNFADING INK--THIS IS A PERM.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, V. S. No. 1 ż

	PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
- Carro	2FULL NAME CC So for	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Dack of	Huale alare (Write the word)	(Month) (Day) (Year)
	(Month) (Day) (Year)	that I last saw her alive on Meh 5, 132,
200 100	7 AGE  1 day hrs.  1 day hrs.  1 day min.?	and that death occurred on the date stated above, at STOR m. The CAUSE OF DEATH * was as follows:
oracomos de la variamenta de la constante de l	(a) Trade, profession or particular kind of work  (b) General nature of industry	Chronic Drights desisse
	business, or establishment in which employed or (employer)	(Duration)yrsmosds.
	9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  11 BIRTHPLACE	Contributory Secondary  (Duranoh) Cyres, mos. ds.  (Braned) (Manual Manual Manu
	OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  A  OF MOTHER  OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in desths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country).	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
	(Informant) The BEST OF MY KNOWLEDGE	If not at place of dea.h?
	(Address) Gaden Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  THE STATE OF BURIAL  ADDRESS  ADDRESS
	Filed/150/1 190 1 Offman 13. Mill Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housenaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material to report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Loborer-Coal minc, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the (6)

Strtement of Cause of Death—Name, first, the Did-EA :: ("NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid ferer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Mcasles (disease " Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," ctc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly (secondary or intercurrent) affection need (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report more symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock, Chronic etc. The contributory Nomenclature not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.